

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)

SERIAL NO. 097926447

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		①					54						
5		①					55						
6		①					56						
7		①					57						
8		②					58						
9		②					59						
10		①					60						
11		①					61						
12		①					62						
13		②					63						
14		②					64						
15		②					65						
16		②					66						
17		①					67						
18	1	①					68						
19		①					69						
20		②					70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27	1						77						
28		1					78						
29		2					79						
30		①					80						
31		①					81						
32		①					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	40						TOTAL CLAIMS						